

**INFORMED CONSENT & WAIVER FOR COMBINED HORMONAL
CONTRACEPTIVE USERS WITH INCREASED RISK**

A review of my medical history provided to the South Dakota Department of Health shows I have the following risk factors:

- _____ Tobacco use
- _____ Under age 35 with hypertension that is controlled by medication
- _____ Abnormal glucose metabolism
- _____ Age 35 or older with other risk factor for CV disease to include:
 - _____ BMI > 29
 - _____ Abnormal lipid levels
 - _____ Family History
- _____ Age 35 or older with no documented cholesterol or triglyceride level
- _____ Age 40 or older with no mammogram record
- _____ History of hypertension (including gestational hypertension)
- _____ Other, as determined by the discretion of the provider

I am aware that scientific studies have indicated an increased risk of developing serious circulatory disease (including heart attack and stroke) in certain women with identified risk factors who use birth control pills, patch or Lunelle. Although tobacco use appears to contribute the greatest risk, each additional risk factor acts to multiply the total risk.

I have received information relating to the risk associated with the use of combined hormonal contraceptive and the risk factor(s) indicated above. I understand the risk(s) and have had my questions answered. Nonetheless, I request that combined hormones be prescribed for me.

I hereby release the South Dakota Family Planning Program, its medical providers, and employees from any and all liability arising out of or connected with my decision to use combined hormones in conjunction with the above identified risk factor(s).

Client Signature (date)

Witness Signature (date)

Reviewed by Client No Changes ☐ Changes As Noted ☐

Client Signature: _____ Date: _____

Reviewed by Staff Signature: _____ Date: _____

Reviewed by Client ☐ No Changes ☐ Changes As Noted ☐

Client Signature: _____ Date: _____

Reviewed by Staff Signature: _____ Date: _____

Reviewed by Client ☐ No Changes ☐ Changes As Noted ☐

Client Signature: _____ Date: _____

Reviewed by Staff Signature: _____ Date: _____

Reviewed by Client ☐ No Changes ☐ Changes As Noted ☐

Client Signature: _____ Date: _____

Reviewed by Staff Signature: _____ Date: _____